

بسم الله الرحمن الرحيم

والحمد لله رب العالمين والصلاة والسلام علي أشرف المرسلين
سيدنا محمد النبي الأمي الهادي الأمين وعلي آله وصحبه أجمعين

وبعد

والله إني أحبكم في الله

وأدعو الله أن يجمعنا بهذا الحب في ظل عرشه يوم لا ظل إلا ظله

فهذا تلخيص مختصر لموضوعات ال GIT (المختصر المفيد)

راجيا من الله سبحانه وتعالى ان ينفعنا واياكم به وأن يكتب لنا ولكم
النجاح في الدنيا والآخرة وأن تكون علم ينتفع به ..

ولنعلم جميعا أن النجاح هو رزق من الله سبحانه وتعالى يهبه
لمن يشاء وقتما يشاء . ولكن هو فقط من باب الأخذ بالأسباب ..

والشكر موصول للدكتور خالد عيد جزاه الله عنا خيرا كثيرا

أخوكم د. محمد السعيد

Cong. Hypertrophic Pyloric Stenosis

➔ **AE:** 1- Genetic.

2- Multifactorial.

➔ **male : female** = 4:1

➔ **pathology:**

Hypertrophy of pyloric Ms →→→ Obst. Stomach outlet.

➔ **C/P :**

1- Vomiting : - non bilious.

- after feed.

- projectile.

2 – Hungry after vomiting.

3- ↓↓ Wt. Dehydration.

4- Epigastric mass →→→ Olive green mass.

➔ **Investigation:**

1- Abdominal U/S →→→ diagnostic.

2- Barium meal →→→ Narrow pyloric canal.

➔ **TTT:**

1- IV fluids.

2- Surgical →→→ Pyloromyotomy.

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GERD

➔ **DEF:** →→ Retrograde passage of gastric contents into Esophagus.

➔ **Pathology:**

- 1- **Esophagus** →→→ relaxation of Lower esoph. sphincter (weak).
- 2- **Esophagus** →→→ intra abd . Esophagus (Short.)
- 3- **Stomach** →→→ Distention.

➔ **C/P:**

- 1- **GIT** →→→ Epigastric pain.
- 2- **GIT** →→→ Regurgitation & Vomiting →→→ ↓↓Wt. →→ FFT.
- 2- **Chest** →→→ Recurrent RTIs→→→ Chronic cough→→→ Apnea.

➔ **Investigations:** (only in sever cases)

- 1- measurement of Esoph. PH →→→ for 24 hrs .

ونشوف كمية الوقت اللي بيكون فيها (PH) اقل من اربعة

وتكون ايجابيه اذا كانت اكثر من ٥% من المده

- 2- Barium swallows.
- 3- GI Endoscopy.

➔ **TTT:**

- 1- **Reassurance.**
- 2- **Head** →→→ position of the head 30°.
- 3- **Feeding**→→→ Avoid frequent feeding.
- 4- **Drugs**→→→Antacids & H2 blockers & PPI & Domperidone.
- 5- **Surgical correction** →→→ for sever cases.

Vomiting

➔ **DEF:** Forceful expulsion of gastric contents to the Mouth.

➔ **CAUSES:**

Cause :		Neonates	Infancy & childhood
1- healthy	Milk	1- Over feeding 2- GERD	
	Mucoid	1-Amniotic gastritis	
	Blood	1- fetal→ hgic dis. of newborn 2-Maternal → vag. blood.	
2- sick	Medical	1-Infections (local & septicaemia) 3- Inborn errors of metabolism (IEM).	1 - Over feeding. 2- Infections (local & septicaemia. 3 - Metabolic→DKA 5 -CRF
	surgical	1-Tracheo - esoph. Fistula. 2- Intest. obstruction	1- intest. Obstruction

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صليت علي ابراهيم وعلي آل ابراهيم في
العالمين إنك حميد مجيد

Diarrhea

➔ **Def:** Frequent motions more than normal behaviour of the child.

➔ **Causes:**

1- Acute Diarrhea : < 14 days

Infective	Non infective
1- <u>Bacterial</u> : (Salmonella- Shigella- Staph- E.choli- Combylobacter)	1- <u>Feeding</u> : over feeding& in appropriate.
2- <u>Viral</u> :(Rota virus - Adeno virus).	2- <u>Drugs</u> : antibiotics& vitamins.
3- <u>Parasitic</u> :(E. histolytica - G.lamblia)	3- <u>Parenteral</u> diarrhea.

2- Persistent Diarrhea : starts acute , persist for 14 days

1- Lactose intolerance.

2- Cow milk allergy.

3- Persistent infection.

2- Chronic ≥ 14 days:

1- Chronic infection → TB & AIDS

2 -Malabsorption→ → Cystic fibrosis & Celiac dis.& Cholestasis.

3- IBD & IBS.

4- Hyper thyroidism.

ملحوظة : النزلة المعوية ما تكتبش لان كلنا المفروض حافظينها وكمان جت الدور اللي فات

Persistent Diarrhea

➡ **DEF:** Diarrhea starts acutely & persists ≥ 14 days.

➡ **Causes:**

1- Lactose intolerance :

GE →→ Destroy of brush borders of intest. Villi →→ Sugar malabsorption →→ Osmotic Diarrhea(acidic stool).

2- Cow milk ptn. allergy:

Normally intestine is impermeable to cow milk ptn.

But ,,,,

GE →→ Destroy of intest. Wall →→ allergy& inflammation.

3- Bacterial over growth →→ invasion of small intestine by colonic bacteria →→→ Persistent Diarrhea.

4- Persistent protozoal infection →→→→ **Giardiasis.**

➡ **TTT: Dietetic:**

1- Lactose free diet (LF). & soy beans formula .

2- Hypoallergic formulas.

3- Vitamins & Zinc.

4- TPN. in severe cases

يارب معونتك

Recurrent abd. pain



Incidence: very common.

Types:

	Psychological 90%	Organic 10%
Causes:	1- Family problems. 2- Neglegance. 3- Imitation of parents. 4- Delivary of new born. 5- School phobia.	1- Parasitic infestation. 2- Chronic constipation. 3- FMF. 4- UTI. 5- Drugs (NSAIDs). 6- Peptic ulcer. 7- Ulcer. Colitis. 8- Chron s disease.
Site:	Peri umbilical.	Away from Umblicus.
Severity:	Vague (not sever).	Variable.
Association:	No.	Anorexia .Nausea , Vomiting, Fever, Diarrhea..etc.
Examination:	Normal.	Mass, tenderness, organo-megally ...etc.
Investigaions:	Normal.	According to cause.
TTT:	Reassurance	TTT of cause.

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Painfull oral lesions

1- Monilial Stomatitis:

1- **Incidence**: ↑ neonates.

2- **AE** : Candida. Albicans + Immuno def.

4- **C/P**:

1- White plaques : if removed →→→ inflamed red area.

2- Pain: mild→→→ feeding difficulties.

3- No Fever.

5- **TTT**: 1- Antifungals→→→ Nystatin & Mycostatin →→→14days.

2- Good nipple hygiene.

2- Herpetic Stomatitis:

1- **Incidence**: ↓ 3yrs.

2- **AE**: HSV(droplet infection).

3- **Pred Factors** : stress.

4- **C/P**:

1- small Ulcers (2-10) .

2- Pain→→→ sever→→→ feeding difficulties.

3- Fever →→→ high.

5- **TTT**: Symptomatic

3- Herpangina:

1- **Incidence**: ↓ 5 yrs.

2- **AE**→→→**cox. Virus** →→→ droplet infection (↑↑↑ in Winter).

3- **C/P**: → Ulcers with Fever & feeding difficulty & ↑↑ salivation.

4- **TTT**: →→→ Symptomatic.

Constipation

➔ **DEF**: infrequent passage of stool **or** passage of hard stool.

➔ **Causes**:

1- **Functional** →→→ Painfull anal conditions as (anal fissure)

→→→ voluntary holding due to painfull defecation.

2- **Organic**:

1- Imperforate anus.

2- Intest. Obstr.

3- Hir. Sprung dis.

4- CP& MR& Down.

5- Myopathy.

6- CF& Celiac dis.

7- SLE.

8- Prune belly synd.

9- Hypo thyroidism.

10- Drugs: Vit D Intoxication& Iron& Anti depressant.

➔ **C/P**: of cause.

➔ **Investigation**: of the cause.

➔ **TTT**:

1- Reassurance & TTT of cause.

2- Training (toilet habits).

3- Diet: fluids, fibers.

4- Lactulose & parrafine oil.

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Hirschsprung Disease

➔ **DEF:** **Congenital** absence of ganglionic cells from mucosal plexus (colon & rectum).

➔ **C/P:**

1- **Neonates**→→→Delayed passage of meconium.

2- **Infants**→→→Chronic constipation.

➔ **Investigation:**

1- **PR:** 1- Narrow segments.

2- Dilated rectum.

3- Gush of stool.

2- **Barium enema.**

3- **Rectal biopsy.**

➔ **TTT:** Surgical

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وأنتم سعداء بنجاحكم

Celiac disease

➡ **DEF :** Gluten sensitive enteropathy (immune mediated).

➡ **AE:** Genetic & environmental & viral infection.

➡ **Pathology:**

Site → proximal small intestine

- villi→→→atrophy.

- Crypts→→→ hyperplasia.

➡ **C/P:**

1- Intestinal:

- Anorexia & Vomiting & ch. diarrhea →→ FTT.

2- Extra- Intestinal:

1- DM type 1 & Thyroiditis & Addison dis.

2- Fe ↓↓↓ aneamia.

3- Headache & Depression & Epilepsy.

➡ **Investigation: (sever cases)**

1- Anti-tissue transglutaminase IgA→→ High sensitivity & specificity.

2- Biosy of the small intestine .

➡ **TTT:**

1- Gluen restriction (life long) to:

- Reversal of groeth failure.

- Improve symptoms

- ↓↓↓ malignancy..

➡ **Prognosis:** →→→ good with gluten free diet.

Stagnant bowel syndrome

➔ **DEF:** ↑↑ bacterial growth in stomach & small intestine which are normally sterile because they are acidic (acidic PH & Motility).

➔ **AE:**

1- Congenital anomalies.

2- Acquired :

- motility disorders
- partial obstruction
- malnutrition & immunodeficiency.

➔ **CP:** chronic diarrhea & malabsorption.

➔ **Investigations:**

1- Culture of small intestine aspirate.

2- CHO malabsorption tests.

➔ **TTT:**

1- Antibiotics.

2- TTT of cause.

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Inflammatory bowel disease

➔ **DEF:** Idiopathic ch. Inflammation . of the intestine.

➔ **AE:**

1- **Genetic:** anomalies.

2- **Acquired :** environmental & smoking & chrons disease.

	Chrons disease	Ul. Colitis.
Def:	chr. Inflam.	chr. Inflam.
Site	Terminal ileum(++)	Colon + ulceration.
C/P	1- chr. abd. Pain. 2- diarrhea. 3- anorexia. 4- ↓↓ Wt. 5- FTT. 4- ↓↓ Fe & vit.	As it + diarrhea with mucous& blood.
Investigations	1- CBC→→ Aneamia& ↑ plalt.& WBCs. 2- ↑↑ ESR & α1 AT. 3- Barium swallow. 4- GIT endoscopy& biopsy.	As it + colonic biopsy is diagnostic.
Prognosis	1- Remission& exacerpation. 2- Abscess& perforations. 3- Extra intest. Manifestations.	As it + colonic malegnancy.
TTT	1- Diet : high nutritive. 2- psychological support. 3- Steroids; 4- Sulfa salazine. 5- Surgery. 6- Antibiotics.	As it + Azathioprine.

Short bowel syndrome

➡ **DEF :** loss of > 50 % of length of small intestine.

➡ **AE:**

1- **Congenital** →→→ multiple atresias & Short bowel syndrome.

2- **Acquired** →→→ NEC & Chrons dis. & Hirsh Sprung dis.

➡ **Pathology:**

- ↓↓ Length →→→ ↓↓absorption surface area .

- Vit.B12& Bile salts absorbed in distal ileum) .

- Increase of bile salts. →→→ irritation of colon.

➡ **C/P:** chronic diarrhea & malabsorption.

➡ **TTT:**

1- **Nutrition:** TPN & small frequent feeds& supplementation(vit...etc.).

2- **Drugs :** Loperamide & Cholesteramine.

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Malabsorption Syndrome

➡ **DEF:** inability of intestine to absorb CHO , Fat or Ptn .

➡ **C/P:**

1- **Loss of Wt & FFT** (by in growth curves) &↓↓ SC Fat.

2- **Muscle Wasting.**

3- **Vit ↓↓↓ & Minerals ↓↓↓:**

Vit A→→→ Keratomalacia, blindness

Vit B1→→→ Beri Beri

Vit B2→→→ Stomatitis

Vit B6→→→ Peripheral neuritis

Vit B12→→→ Macrocytic anaemia

Vit C→→→ Scurvey

Fe→→→ Fe ↓↓ anaemia

➡ **Classification:**

A -CHO Malabsorption:

1- Lactose malabsorption→ (congenital & 2ry).

2-Sucrose malabsorption→ congenital sucrase↓↓.

3- Glucose& galactose malabsorption.

B - Fat Malabsorption:

Pancreatic →→ C F- Ch. Pancreatitis - Ptn Caloric malnutrition

Liver & biliary→→ Cholestasis- Bile acid defects

Mucosal→→ A betalipoprotinaemia - Anderson disease.

C - Amino acids (ptn.) Malabsorption:

- 1- Hurtnup dis.
- 2-Tryptophan metabolism disorders.

D - Drug induced Malabsorption → → → Phenytoin.

Investigations:

A -CHO Malabsorption:

- 1- Stool PH → → → ↓↓ 5.6.
- 2- Clini test → → → change of colour in presence of reducing sugars (Lactose & Maltose).
- 3- Plasma glucose conc. (OGTT) → → → ↓↓ 50 mg%.
- 4- Hydrogen breathing test → → → ↑↑H₂ in expiration.
- 5- Biopsy → → → of small intestine.

B - Fat Malabsorption:

- 1- Stool → → → ↑↑ fat globules & Quantitative stool fat excretion.
- 2- Plasma → → → fasting sr. carotene & Sr. vit(AKED) .
- 3- Prothrombin time → → → ↑↑ → → → ↓↓ vit. K.
- 4-Biopsy → → → Liver causes.

C - Amino acids(ptn.) Malabsorption:

- 1- Stool → → → ↑↑ α₁ AT.
- 2- Plasma → → → ↓↓ serum. Albumin .

D - Minerals Malabsorption:

- 1- Plasma → → → ↓↓ Fe & Ca & Mg etc.
- 2- Schiling test → → → Vit. B₁₂ Malabsorption.

E - Others:

- 1- CBC→→→Anemia (Microcytic→→→↓↓ Fe) & Macrocytic↓↓ vit. B12
- 2- Stool →→→ analysis(Giardiasis) & culture.
- 3- AIDS(Ch. Diarrhea& FTT).

وآخر دعوانا أن الحمد لله رب العالمين